# A NOTE ON THE TEMPORARY DISAPPEARANCE OF THE SENSORY SYMPTOMS IN SYRINGOMYELIA.[1]

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Not infrequently in syringomyelia the areas insensitive to temperature and pain vary in size from time to time. Their boundaries widen and contract. Successive examinations in the earlier period of the disease and even several years after the establishment of the diagnosis will very often show variations in the extent of the anesthesia. The areas do not always steadily increase in size as time passes but may increase and decrease for sometime before a permanent condition is reached. More striking still, and so far as I know attention has not been directed to it, sometimes in the earlier stage of the disease and even after it has existed several years, insensibility to pain and temperature may disappear entirely for a time and then reappear. My attention was first called to the matter about six years ago by the following circumstance: A gentleman presenting some, but not very marked wasting of the hands and forearms, with weakness corresponding to the amount of atrophy and with increased knee-jerks but without any other sign of disease in the legs, was examined by a skilled physician who found loss of temperature and pain sense without tactile anesthesia. The diagnosis of syringomyelia was made. Several months later I saw the patient and on examining him found no anesthesia whatever. I knew from the history of the case that anesthesia had been previously found but though I had a high regard for the skill of the physician who had previously examined him, I saw no escape from concluding that there had been an error in observation, and made a diagnosis of progressive spinal atrophy. Several months later I saw the patient again, and was astonished to find that there was complete insensibility to pain and temperature on both arms. Since then I have seen two other cases in which the same thing occurred. In neither had the disease progressed enough to cause any very marked symptoms in the legs. In none of the cases have I been able to verify the diagnosis by autopsy, but clinically they were all three classical examples of the disease. I think that the explanation is that for some time the gliosis may merely push to one side and compress more or fewer of the nerve elements before destroying them, and that the pressure varies with changes in the circulation, just as happens in tumors of the brain. It is very possible also that the amount of fluid in the cavity varies from time to time, and thus also causes variation in pressure. That relatively quite large solid tumors arising within the spinal cord may cause few symptoms, is shown by the reported cases of sarcoma in which the nerve elements were merely pushed to one side by the soft and slowly growing tumor mass, and the resulting symptoms were nothing like so serious as the gross appearance of the cord would indicate.

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[1] Read at the meeting of the Philadelphia Neurological Society, March 26, 1906.